



SPRING 2015 ADULT ARENA SOCCER LEAGUE



PLEASE TYPE OR PRINT CLEARLY!!

OFFICIAL ROSTER

NAME OF TEAM _____

TEAM MANAGER _____

ADDRESS _____

CITY _____ ZIP _____

*REQUIRED E-MAIL ADDRESS _____

ASSISTANT TEAM MANAGER _____

*REQUIRED E-MAIL ADDRESS _____

LEAGUE:
Circle one

Men's

Open
MON

2621056A

Men's

Rec
TUES

2621056B

Open
WEDS

2621056C

Coed

Rec
THUR

2621066B

Open
FRI

2621066C

PHONE (H) _____

PHONE (W) _____

PHONE (C) _____

PHONE (H) _____

PHONE (W) _____

PHONE (C) _____

REPEAT TEAM NAME/TEAM MANAGER ON REVERSE SIDE

ENTRY FEE: \$400.00

CASH - CHECK - DISCOVER - MASTERCARD - VISA

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Discover

MasterCard

Visa

EXPIRATION DATE _____ CARD HOLDER SIGNATURE _____

MAKE CHECK PAYABLE TO THE CITY OF HUNTINGTON BEACH

*****All schedule changes and updates will be sent by email*****

ROSTER CHANGES (MAXIMUM OF 5 ADDITIONS):

	NAME	ADDRESS	CITY	PHONE	BIRTH DATE
1.					
2.					
3.					
4.					
5.					

RECEIPT # _____ DATE _____ INITIAL ____ C/C ____ CHECK # _____ ROSTER # _____

Refund Processed/Check Returned: Amount _____ Date _____ By _____

Registration Deadline: April 6, 2015

**All games will be played at the Central Park Sports Complex, 18120 Goldenwest Street
If you have any questions, please contact Community Services Department at (714) 536-5486**

****SEE REVERSE SIDE****

CITY OF HUNTINGTON BEACH

COMMUNITY SERVICES DEPARTMENT



SPRING 2015 ADULT ARENA SOCCER LEAGUE



OFFICIAL ROSTER

PLEASE TYPE OR PRINT CLEARLY!!

NAME OF TEAM _____

TEAM MANAGER _____

ADDRESS _____

CITY _____

*REQUIRED E-MAIL ADDRESS _____

ASSISTANT TEAM MANAGER _____

*REQUIRED E-MAIL ADDRESS _____

LEAGUE: Circle one	<u>Men's</u> Open MON	<u>Men's</u> Rec TUES	<u>Men's</u> Open WEDS	<u>Coed</u> Rec THUR	<u>Coed</u> Open FRI
	2621056A	2621056B	2621056C	2621066B	2621066C

PHONE (H) _____

PHONE (W) _____

PHONE (C) _____

PHONE (H) _____

PHONE (W) _____

PHONE (C) _____

REPEAT TEAM NAME/TEAM MANAGER ON REVERSE SIDE

***** All schedule changes and updates will be sent by email *****

	NAME	ADDRESS	CITY	PHONE	JERSEY NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

****SEE REVERSE SIDE****